## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # F9300001823 1. Entity Name WASHINGTON MUTUAL FINANCE CORPORATION 05-02-2001 90041 033 \*\*\*150.00 Principal Place of Business Mailing Address 8900 GRAND OAK CIR 8900 GRAND OAK CIR TAMPA FL 33637-1050 TAMPA FL 33637-1050 .60057768 HS 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-4128205 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ☐ Addition TITLE D ☐ Delete TITLE NAME TALL, CRAIG E NAME STREET ADDRESS STREET ADDRESS 1201 3RD AVE CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA 98101 TITLE Addition ☐ Defete TITLE NAME NAME GARNER, JAMES R STREET ADDRESS STREET ADDRESS 8900 GRAND OAK CIR CITY-ST-ZIP CITY-ST-7IP TAMPA FL ☐ Addition Change ☐ Delete TITLE NAME SHIGLEY, HENRY F NAME STREET ADDRESS STREET ADDRESS 8900 GRAND OAK CIR CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33637 Change ☐ Addition ☐ Delete TITLE NAME NAME CHAPMAN, CRAIG J STREET ADDRESS STREET ADDRESS 8900 GRAND OAK CIRCLE CITY-ST-ZIP CITY-ST-ZIF **TAMPA FL 33637** TITLE AS ☐ Defete TITLE Change Addition NAME THURSTON, BEVERLY NAME STREET ADDRESS STREET ADDRESS 8900 GRAND OAK CIR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL

**TAMPA FL 33637** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

VP

WHITING, GARY E

8900 GRAND OAK CIR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition